

MOTOR VEHICLE SALVAGE DEALER OR RECYCLER TWO YEAR LICENSE APPLICATION

MV2180 1/2001 Ch. 218 Wis. Stats.

☐ Amending Current License Information

FOR OFFICE USE ONLY

Issued

Expires

Wisconsin Department of Transportation
Dealer Section
4802 Sheboygan Avenue
P. O. Box 7909
Madison, WI 53707-7909

Legal Name

Area Code - Telephone Number

Dealer License Number

Trade Name(s) or DBAs

Federal Employer Identification Number

Business Address

Post Office Box Number

City

State

Zip Code

County where business located

Mailing Address - If Different from Business Address

Business Entity

☐ Association

If Corporation or LLC,
Date Licensed in Wisconsin

State of Incorporation or Organization

☐ City

☐ Village

☐ Township

☐ Sole Proprietorship

☐ Corporation

Name:

☐ Partnership

☐ LLC

Address of Additional Salvage or Recycling Location in Same Municipality, which conforms with local zoning requirement

Name and Title of Owner, Partners, Association Members, Corporation Officers and Shareholders, LLC Managers and Members
Complete an Entity/Owner Statement (Form MV2844) for each individual listed.

Completely describe other business, if any, engaged in by your firm

Same location?

☐ No

☐ Yes

SALES TAX SELLER PERMIT NUMBER

NO YES

☐ ☐ Was there a licensed dealer at this same location previously this year?

If yes, Name dealer _____

☐ ☐ Have you, as an individual and your above-named firm, been licensed as a dealer before?

If yes, Same location? ☐ No ☐ Yes

☐ ☐ Has your motor vehicle dealer license ever been denied, suspended or revoked?

If yes, When and what state? _____

☐ ☐ Are you licensed as a motor vehicle dealer at same location?

If yes, Give license number _____

☐ ☐ Are you registered with WI Dept. of Natural Resources for refrigerant recovery?

If yes, Give 9-digit registration number _____

☐ ☐ Are you registered with WI Dept. of Natural Resources stormwater program?

If yes, Give 6-digit registration number _____

Complete ONE of the following (whichever applicable):

Is business real estate owned by: YES NO

Owner of sole proprietorship ☐ ☐ If no,

One partner of partnership ☐ ☐ send copy

Corporate dealership ☐ ☐ of lease.

LLC ☐ ☐

Check one of the following statements, which properly explains the minimum type business facilities provided and the extent of this motor vehicle salvage or recycling operation at main location. If you listed above an additional salvage business address within the same municipality, also check type of facilities and operation for such additional location, below right.

Business Type

☐ Type 1. Facilities include business office on or adjacent to the salvage yard where motor vehicles are dismantled and/or stored.

☐ Type 2. Facilities are provided and salvage business is conducted strictly within building, in which business office is provided and motor vehicles are stored and dismantled; there is no adjacent salvage yard.

☐ Type 3. Facilities include business office on or adjacent to the scrap metal recycling operation (shredder, baler, etc.) where salvage motor vehicles and other scrap metal commodities are reduced in size for shipment to metal producing companies.

☐ Type 4. Facilities do not include a salvage yard, but only a business office for maintenance of required motor vehicle salvage records. Salvage motor vehicles are purchased from vehicle owners and transported directly to salvage yards or scrap metal recyclers. The vehicle(s) used for transporting salvage metals shall be parked and stored at the following location, which has been approved by local authorities:

Anticipated Date Business Facilities Will Be Ready

I, the undersigned, certify under penalty of s.946.32 or s.345.17 Wisconsin Statutes, that the answers and statements on this application are true and correct to the best of my knowledge.

Submit this application with completed Entity/Owner Statement, financial statement on form enclosed and \$150.00 two year license fee payable to: Registration Fee Trust.

See reverse side.

X

(Authorized Dealership Agent, Title)

(Date)

Following Applies To First-time Dealer Applicant Or Application For Amended License Because of Business Relocation or Ownership Change

Proper local officials must sign below, BEFORE submitting this application. All applicants complete section A.
If business is located in a township, complete both sections A and B.

Attention Zoning Authorities: See front of application for type of salvage operation being conducted.

Section A

Business Type - Enter Number from front

1. Operation of the salvage business, type indicated above, at the location(s) as stated on the front is in accordance with local zoning, building code and permit requirements.

_____	X _____
(Print Name)	(Signature)
_____	_____
(Official Title)	(Municipality)

2. S.175.25 Wisconsin Statutes, requires a permit be issued by (1) the common council or village board, if the salvage yard is located within the corporate limits of any city or village, OR (2) the town board, if the salvage yard is located within 2,000 feet outside the corporate limits of a city or village, or within 750 feet of the center line of any county trunk, state trunk or federal highway, or within 500 feet of the center line of any town road.

Check one box and sign below:

☐ A local permit or license is required and has been issued.

☐ A local permit or license is not required.

_____	X _____
(Print Name)	(Signature)
_____	_____
(Official Title)	(Municipality)

Section B

Business Type - Enter Number from front

County Zoning Approval - required only if business is located in a township.

Operation of the salvage business, type indicated above, at the location(s) as stated on the front is in accordance with local zoning regulation.

_____	X _____
(Print Name)	(Signature)
_____	_____
(Official Title)	(County)

If business address on front does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.
